



The Commonwealth of Massachusetts

City / Town of _____



Application for Standard Permit

FP-006 (Rev. 6/23)

Return completed application to: _____

Permit Number: _____

City or Town: _____

Date: _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section _____ application is hereby made

by _____ (Full Name of Person, Firm or Corporation) _____ (Phone Number)

of _____ (Address: Street or P.O. Box, City or Town, Zip Code)

for permission to (state clearly purpose for which permit is requested) _____

Name of Competent Operator (if applicable) _____ Cert. No. _____

Date Issued-rejected _____ By _____ (Signature of Applicant)

Date of expiration _____ Fee _____ Amount Paid \$ _____



The Commonwealth of Massachusetts

City / Town of _____



FP-006 (Rev. 6/23)

PERMIT

City or Town: _____

Date: _____

Permit Number (if applicable): _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in _____ this permit is granted

to _____ (Full Name of Person, Firm or Corporation)

for _____

Restrictions: _____

at _____ (Street and # or Describe Location for Adequate Identification)

Fee Paid \$ _____ This permit will expire on _____

Signature of Official Granting Permit: _____ Title _____

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.



This permit must be conspicuously posted upon the premises

